

Acetaminophen Toxicity: Role of Metabolism

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Disclosures

- **NIDDK- DK06799**
- **NICHD - HD31324**
- **STTR - R41 DK79387**
- **NIDDK - DK81403**

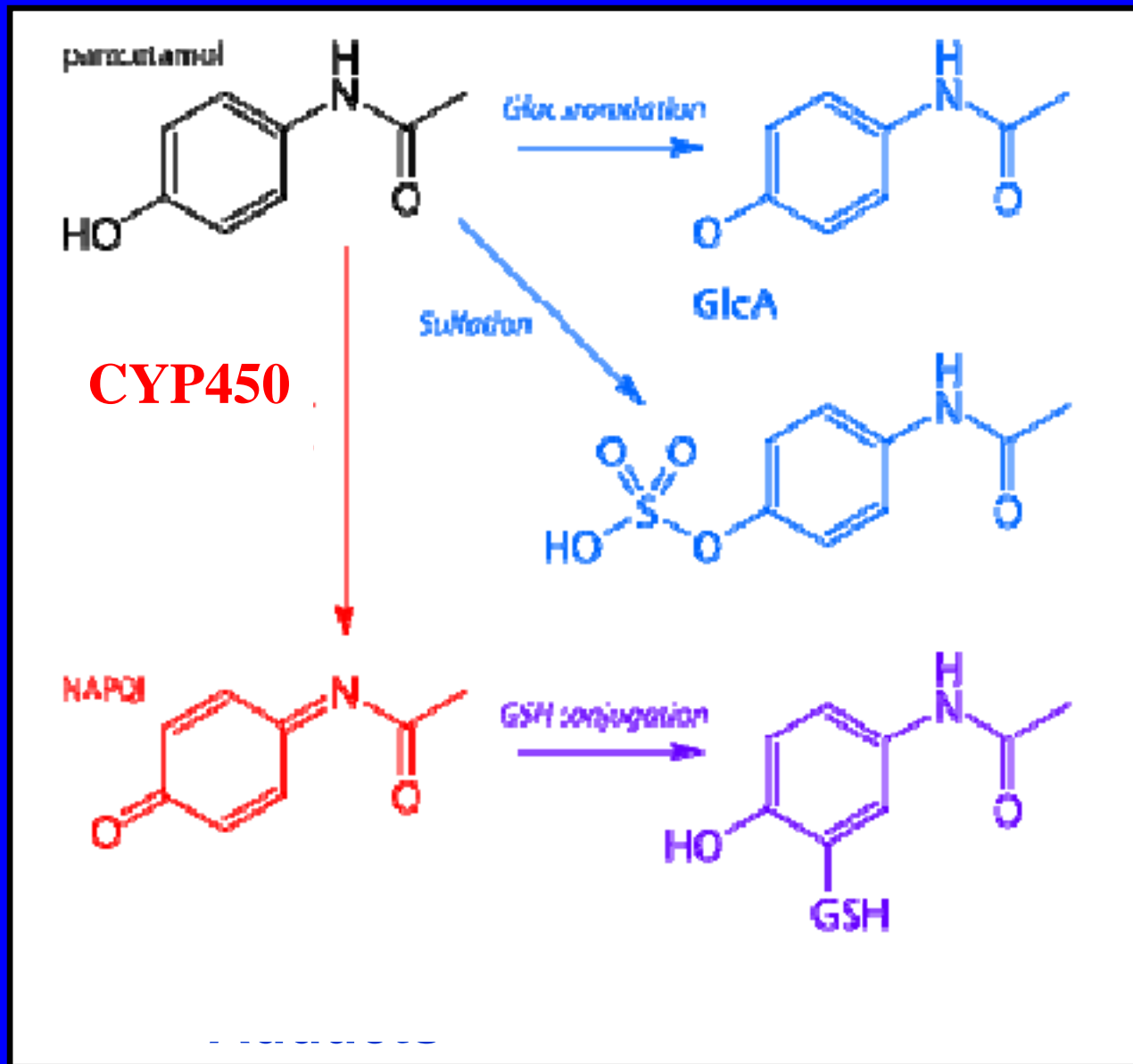
Role of Metabolism in Acetaminophen (APAP) Toxicity

- **Liver injury from APAP initially reported in two patients in 1966**
- **Toxicity in murine model 1966, dose dependent hepatotoxin**
- **Mitchell, Jollow, Potter, Gillette, and Brodie (1970's)**
- **At high doses, APAP converted to a reactive metabolite that covalently bound to cysteine groups on proteins**

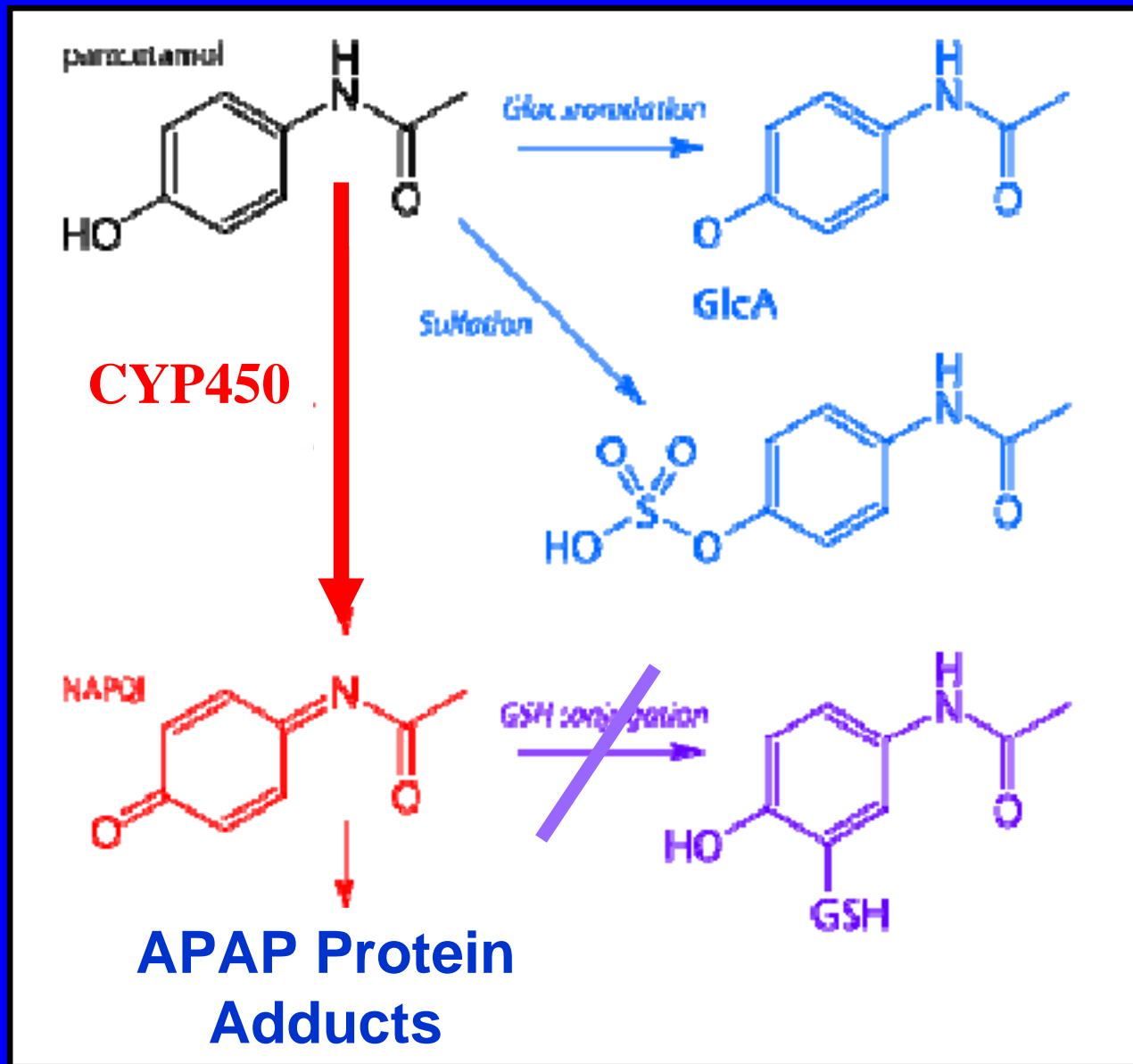
Metabolism and APAP Toxicity

- Degree of covalent binding correlated with toxicity
- Reactive metabolite identified to be NAPQI, formed by direct oxidation of APAP
- **CYP2E1**, CYP1A2, CYP3A4, and CYP2D6
- NAPQI reacts with glutathione through conjugation to form 3-glutathion-S-yl-acetaminophen
- Administration of cysteine prevented the toxicity; development of N-acetylcysteine (NAC)

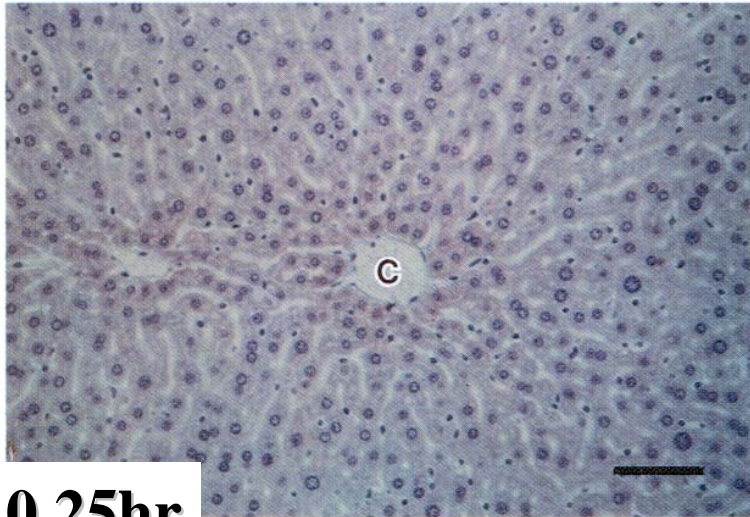
Role of Metabolism in APAP Toxicity



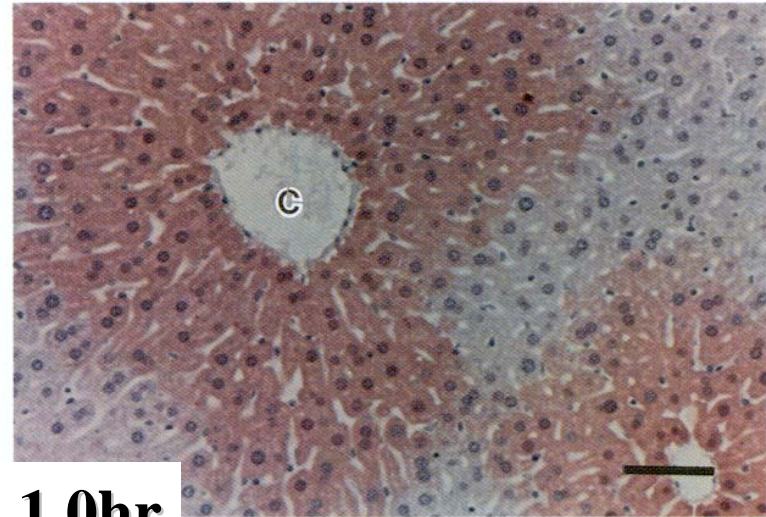
Role of Metabolism in APAP Toxicity



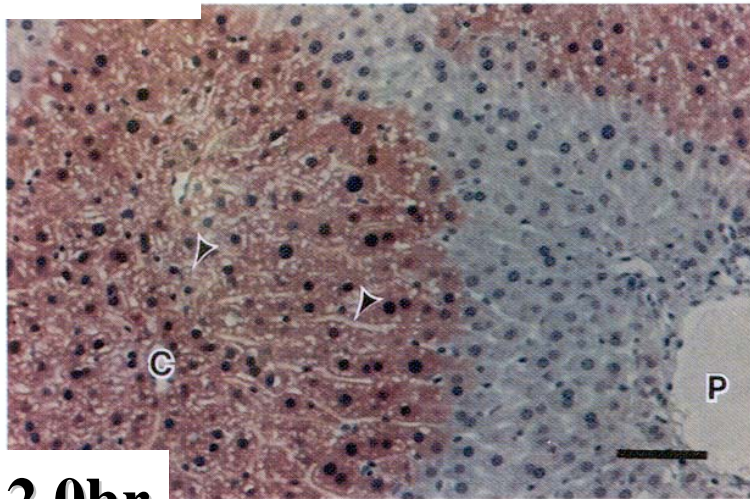
APAP Protein Adducts in Mice: Immunohistochemical Studies



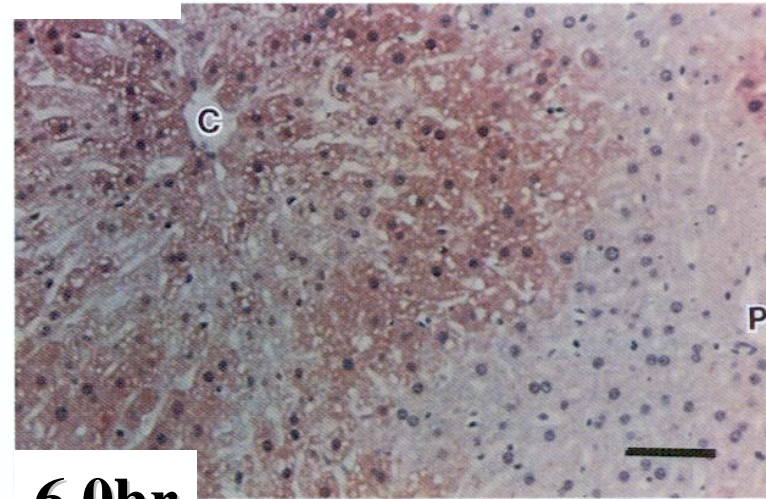
0.25hr



1.0hr

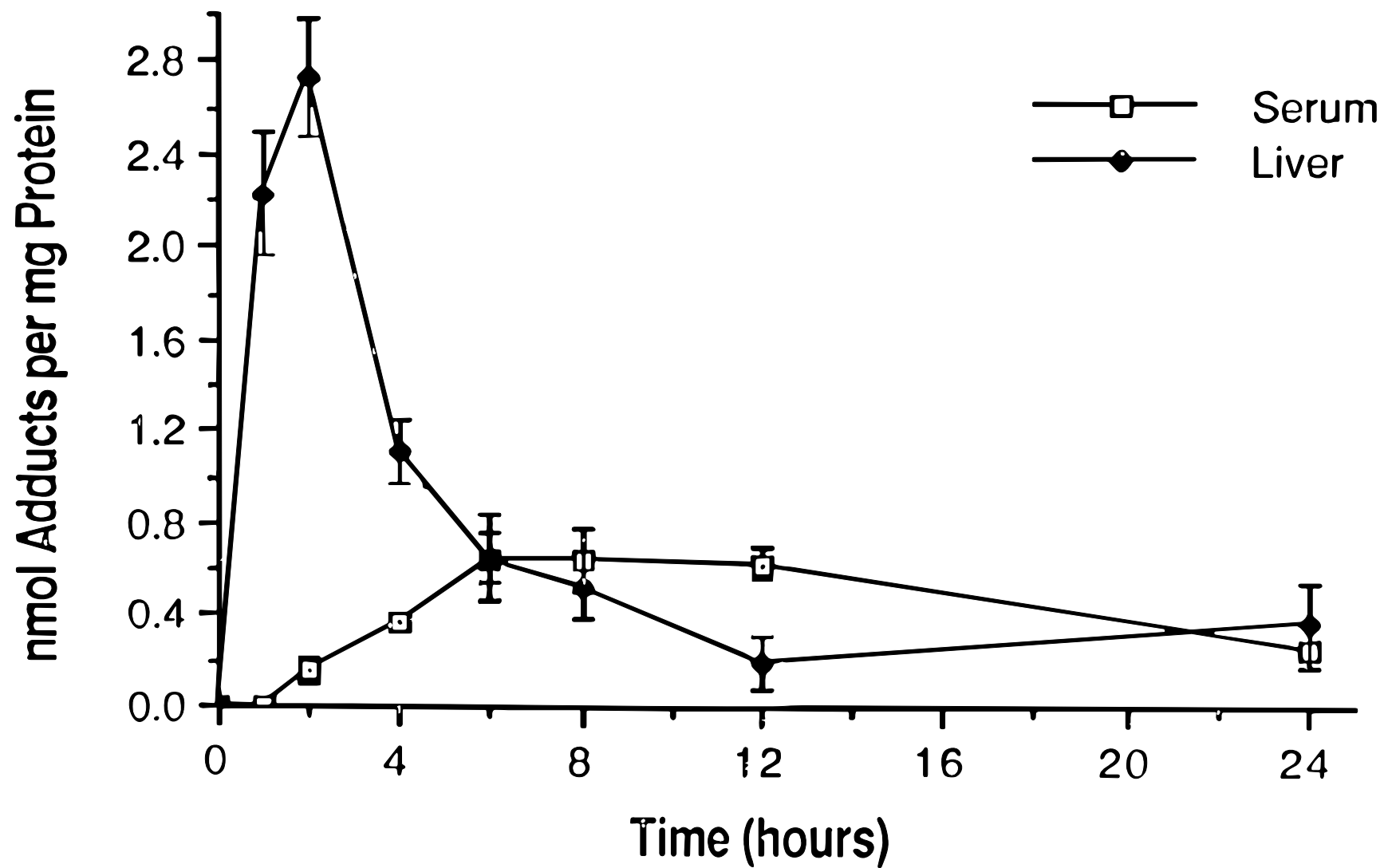


2.0hr



6.0hr

Roberts et al, 1991, Am J Path



Adduct Data in Mice

- Dose dependency
- Appearance of adducts in liver preceded the elevation of hepatic transaminase values in serum
- Treatment of mice with NAC reduced toxicity and hepatic protein adducts

Other Mechanisms of APAP Toxicity

- **Oxidative Stress**
- **Inflammatory Response**
- **Mitochondrial Permeability
Transition**
- **Downstream events that occur after
metabolism**



?



**What does this
mean for patients?**

Early Adduct Data in Humans – Assay Limitations

- Hinson et al (1990) - ELISA
 - 11 patients at risk for APAP toxicity
 - 5/11 received NAC within 8 hours, no toxicity, no adducts
 - 6/11 received NAC after 8 hr; significant toxicity; adducts detected
- James et al (2001) – Western Blot
 - 51 children with acute overdose
 - 6 patients with ALT > 1000 IU/L
 - Adducts in 1 patient (ALT > 8000 IU/L)

Lancet 1990, Hinson JA et al; J Clin Pharm 2001, James et al.

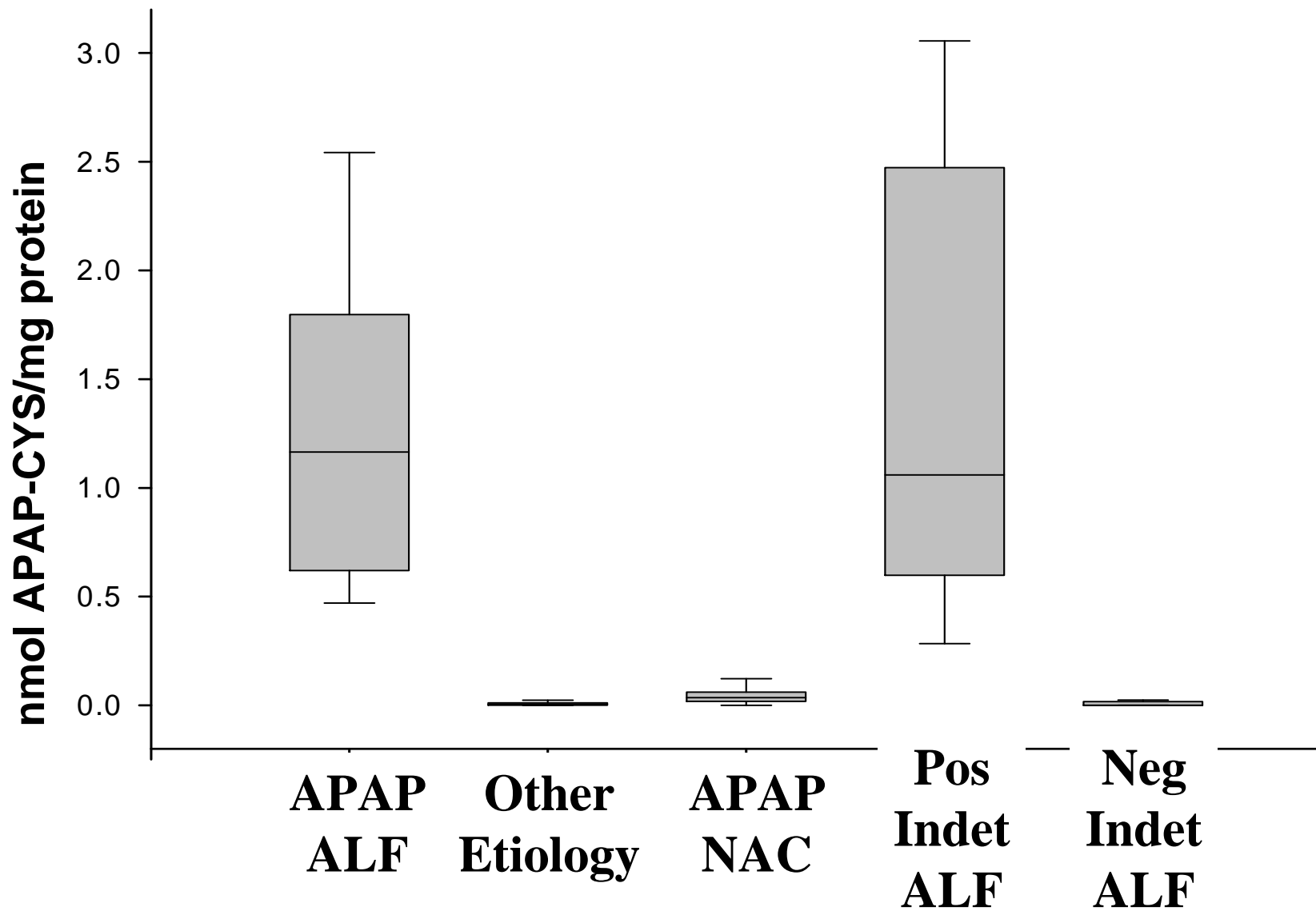
Acetaminophen Protein Adduct Assay

- Serum sample
- Removal of small molecules
 - Parent, metabolites
- Protease digestion
- HPLC-EC analysis to detect APAP cysteine adduct
- Quantified relative to a standard curve

Measurement of serum acetaminophen-protein adducts in patients with acute liver failure (ALF)

Davern TJ, James LP, Hinson JA, Polson J,
Larson AM, Fontana RJ, Lalani E, Munoz
S, Shakil AO, Lee WM. *Gastroenterology*
2006;130(3):687-94.

- **Three patient groups**
 1. Known APAP cases
 - Acute Liver Failure
 - Acute overdose with early treatment
 2. Known Cases of Other Etiology of ALF
 3. ALF Cases of Indeterminate Etiology of ALF
- **Analysis of samples in blinded fashion**



ALF of “Indeterminate Etiology”

- Samples measured from 36 patients with ALF of indeterminate etiology
 - Extensive testing for viral hepatitis, autoimmune disease, etc
- 7 of 36 positive for APAP-CYS adducts **(19.4%)**
- Children with ALF of indeterminate etiology -
 - 12.5% of cases of indeterminate

Pharmacokinetics of Acetaminophen-Protein Adducts in Adults with Acetaminophen Overdose and Acute Liver Failure

James LP, Letzig L, Simpson PM, Capparelli E,
Roberts DW, Hinson JA, Davern TJ, Lee WM

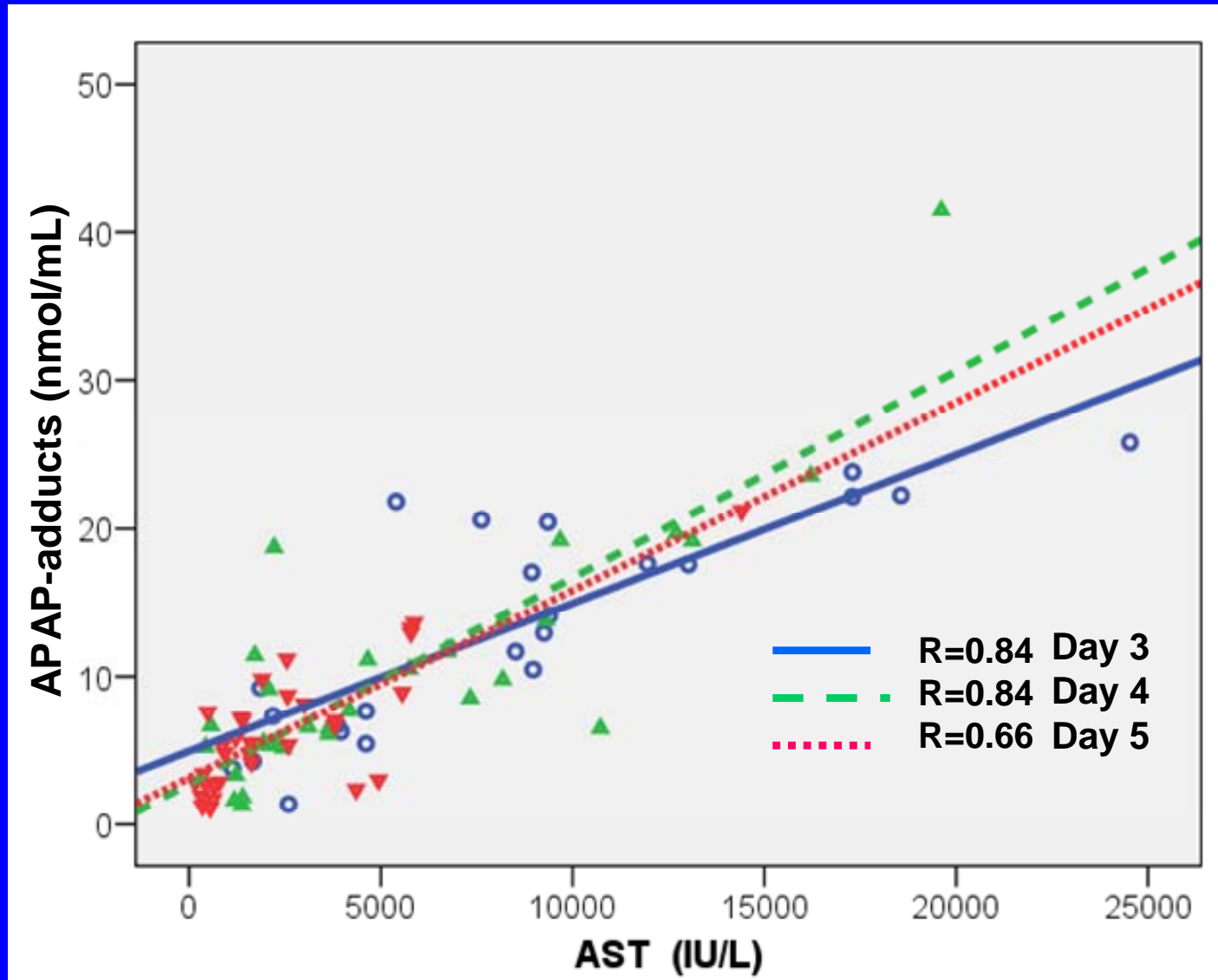
Drug Metab Dispos 2009;37(8):1-6

May 13, 2009; DOI: 10.1124/dmd.108.026195

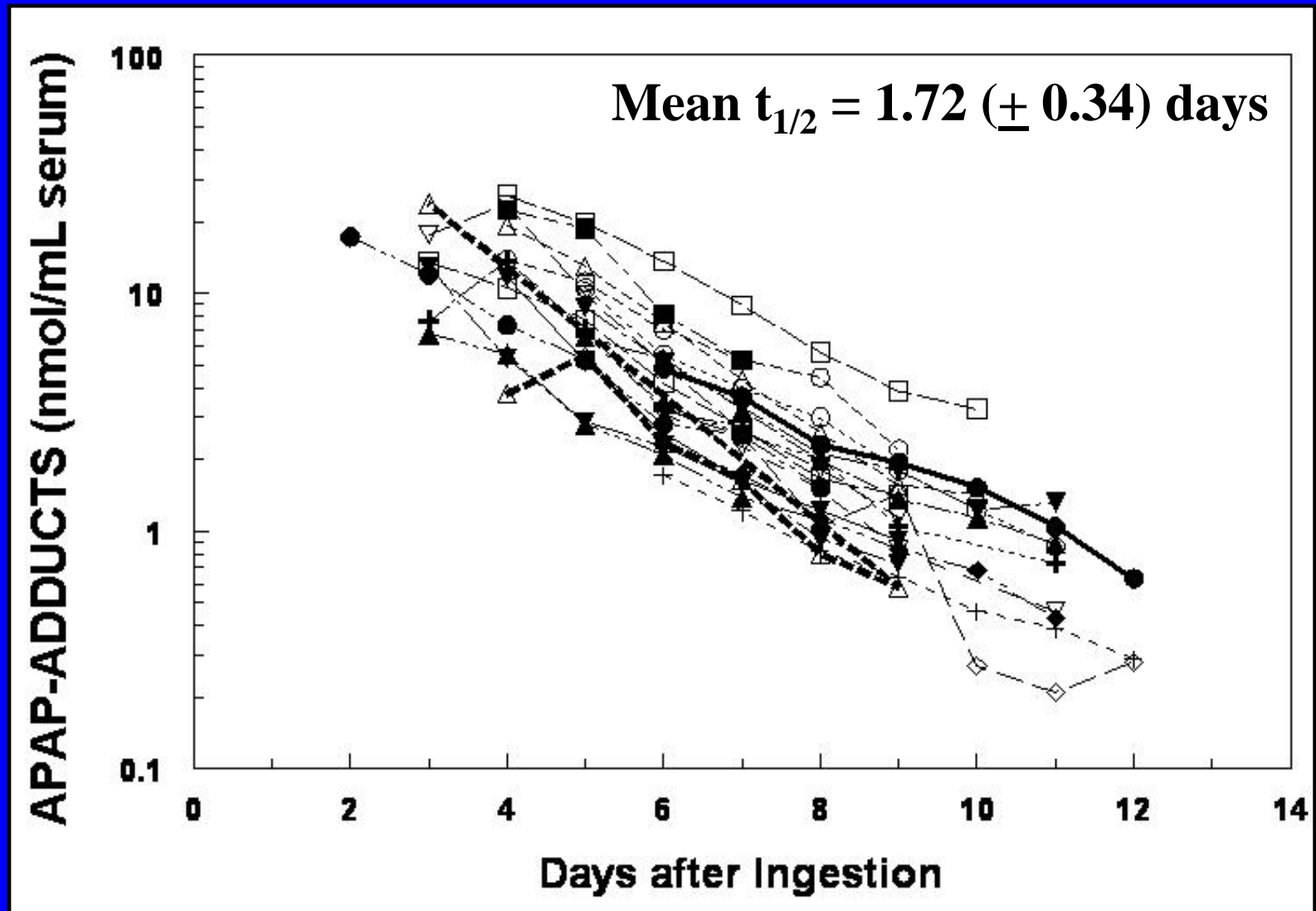
Adults with APAP Induced Acute Liver Failure

- 53 adults
 - (1) presence of coagulopathy ($\text{INR} \geq 1.5$)
 - (2) evidence of hepatic encephalopathy
 - and (3) presentation within 26 weeks of illness onset without evidence of previous liver disease.
 - APAP Diagnosis
 - > 4 grams/day within 7 days of presentation
 - Detection of APAP on admission, or
 - $\text{ALT} > 1000$ IU/L, history of APAP use, regardless of level

Correlation of Adducts with AST in Adults with Acute Liver Failure



Detection of Adducts for 12 Days After APAP Overdose

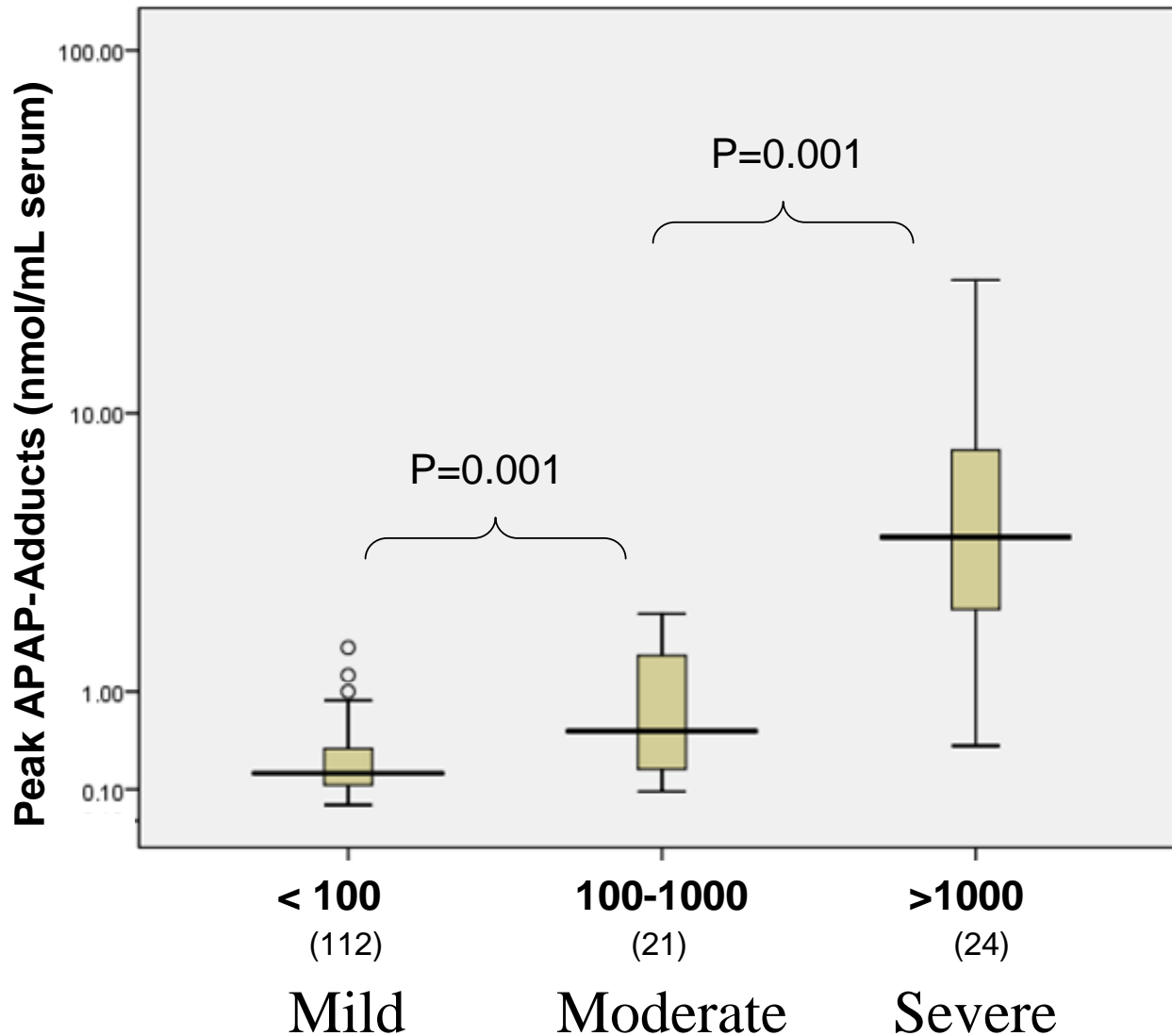


N=18; 4+ samples available

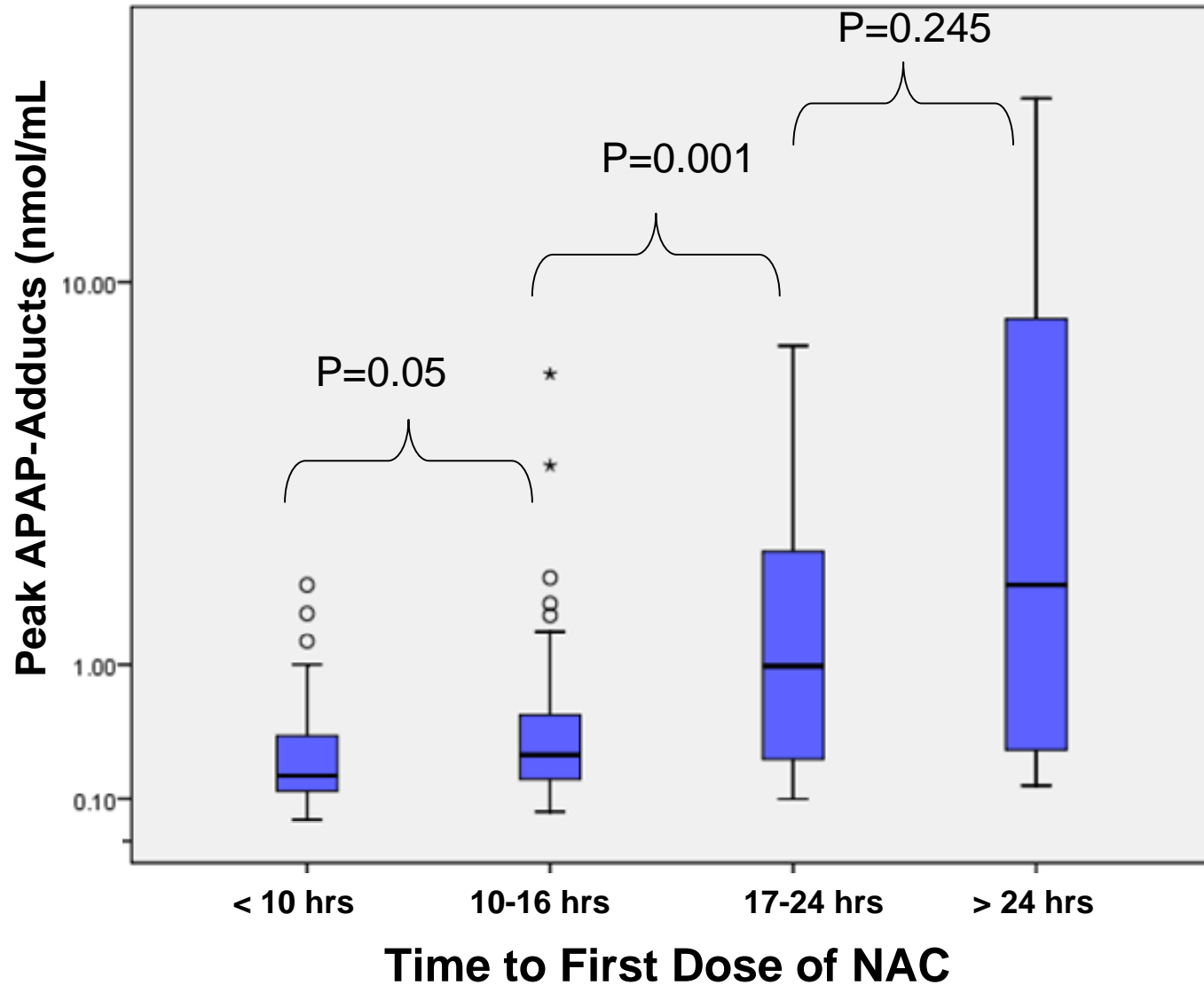
Pediatric Data

- 157 children/adolescents with acute overdose
- Convenience sampling approach
- Network of Pediatric Pharmacology Research Units, NICHD
- 80% female; 83% adolescents
- > 90% treated with N-acetylcysteine

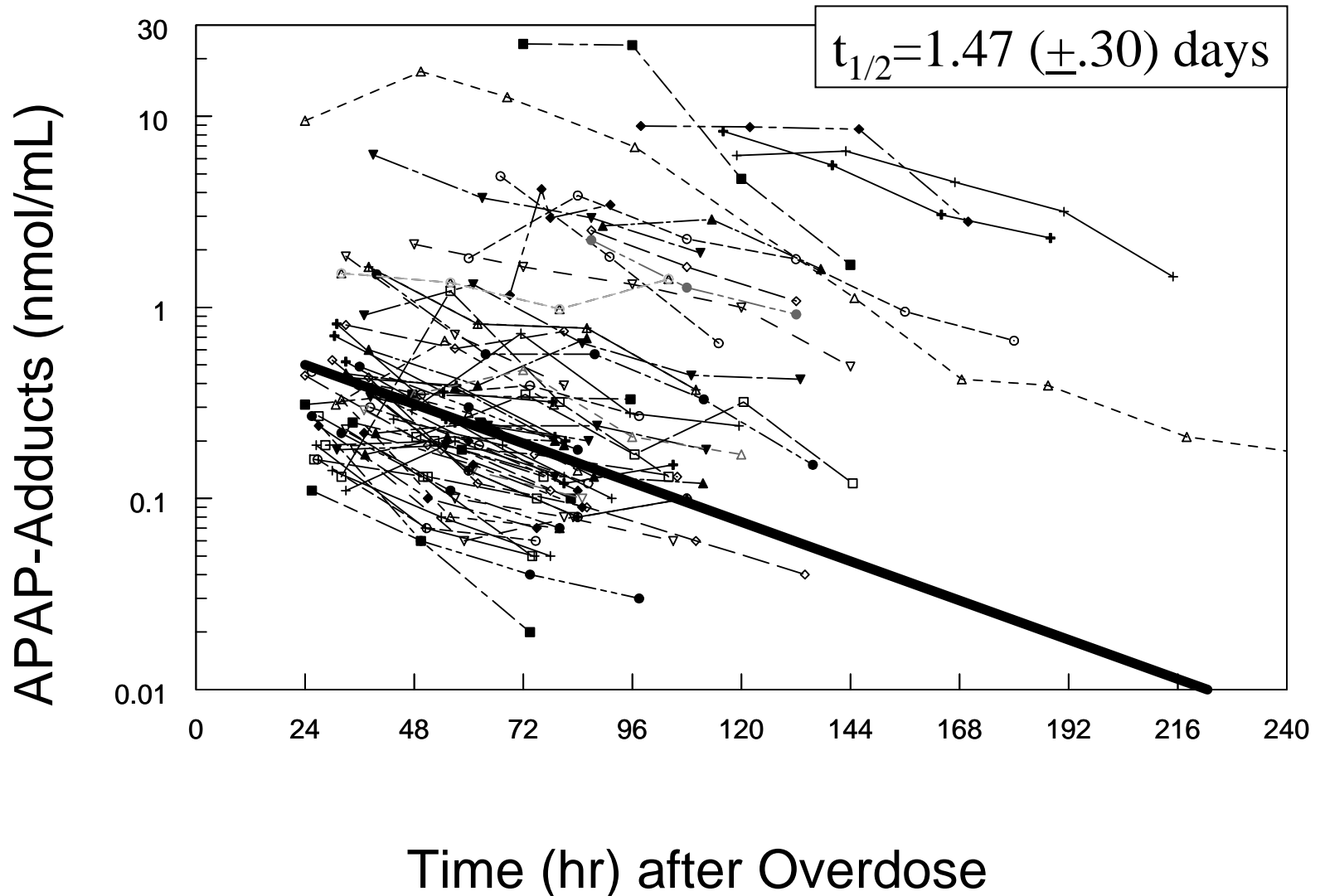
Adducts By Toxicity Severity



Adducts By NAC Treatment

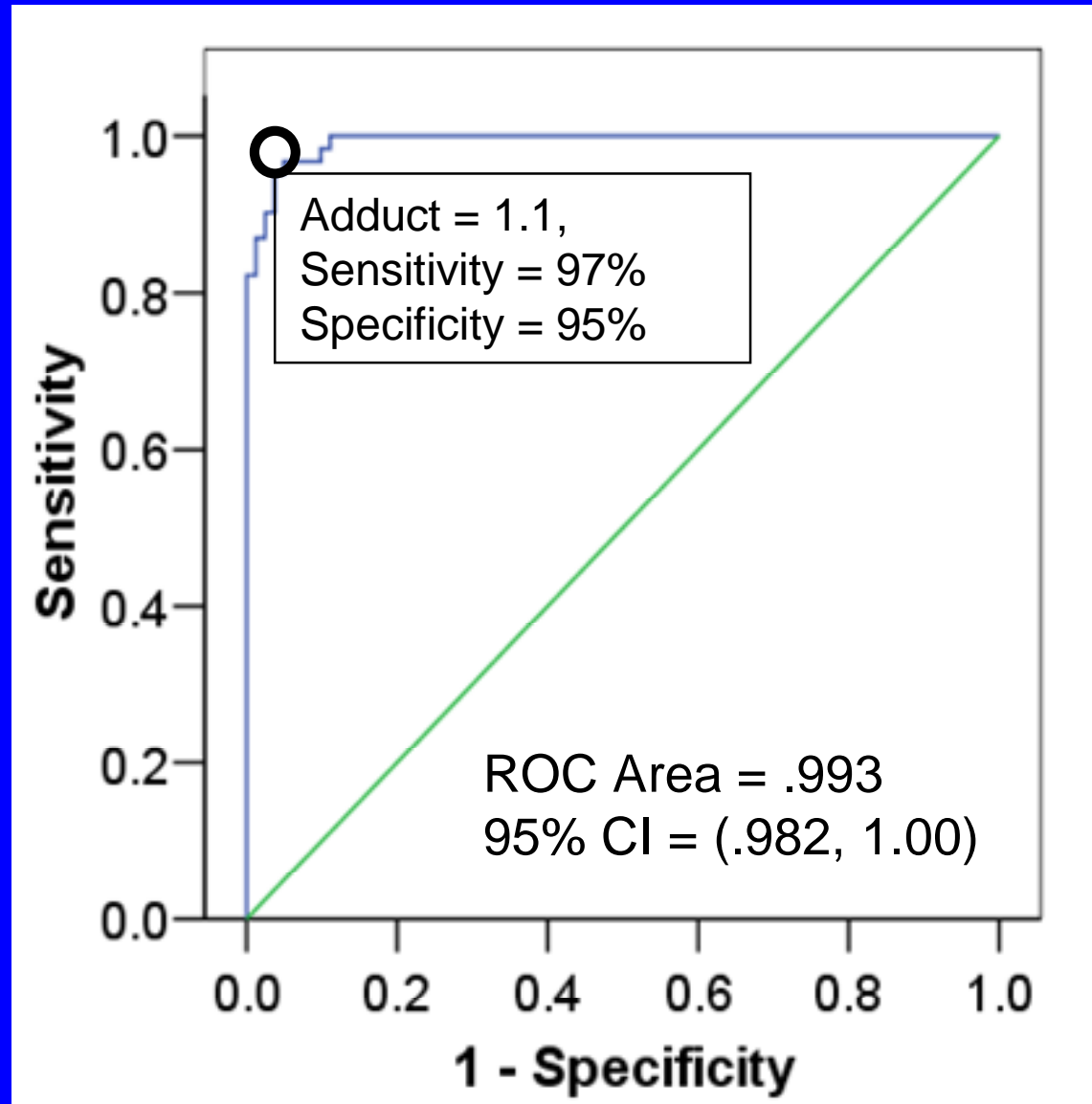


Adduct Elimination in Children



Raw data from subjects with ≥ 2 samples

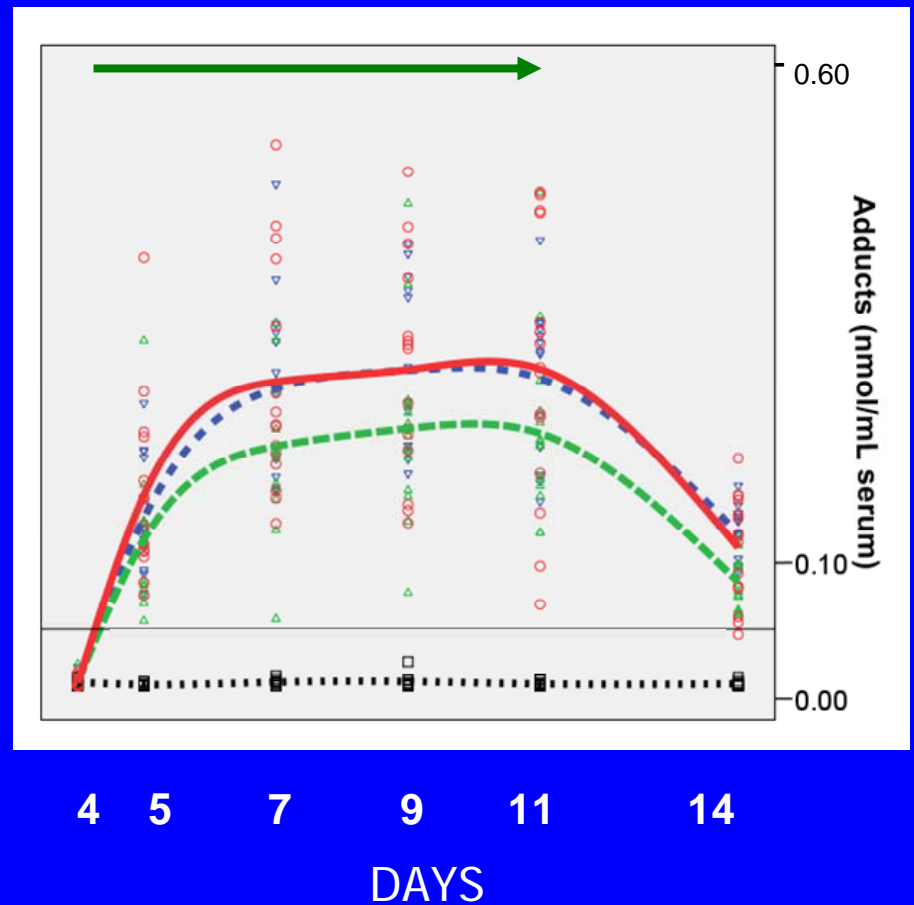
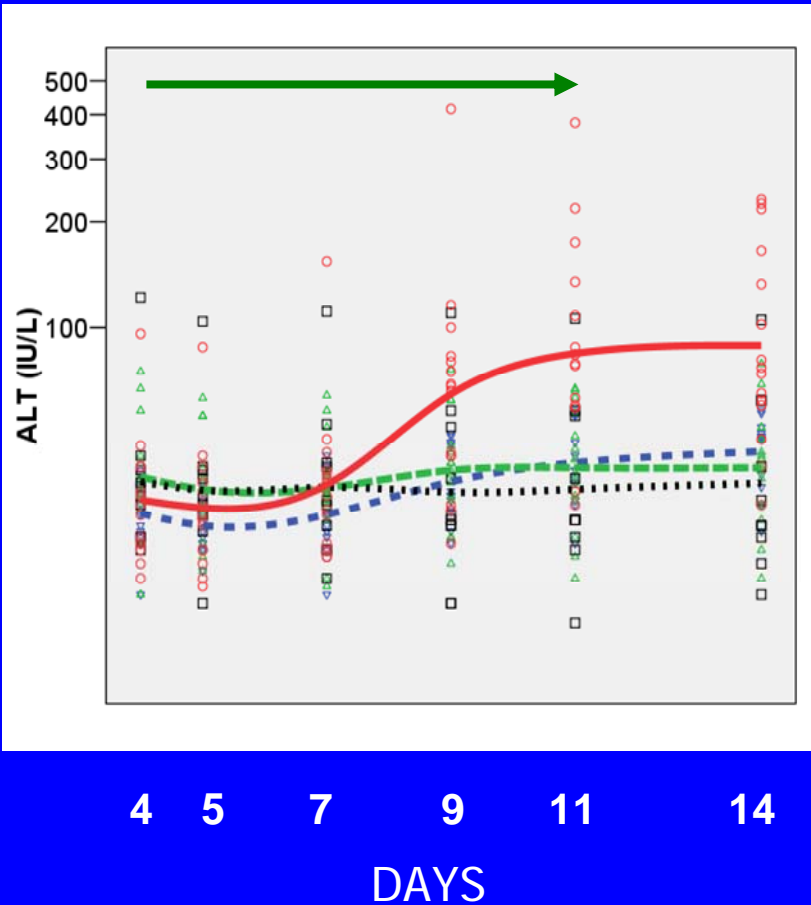
Receiver Operator Curve Analysis of Adduct Levels To Establish Sensitivity and Specificity



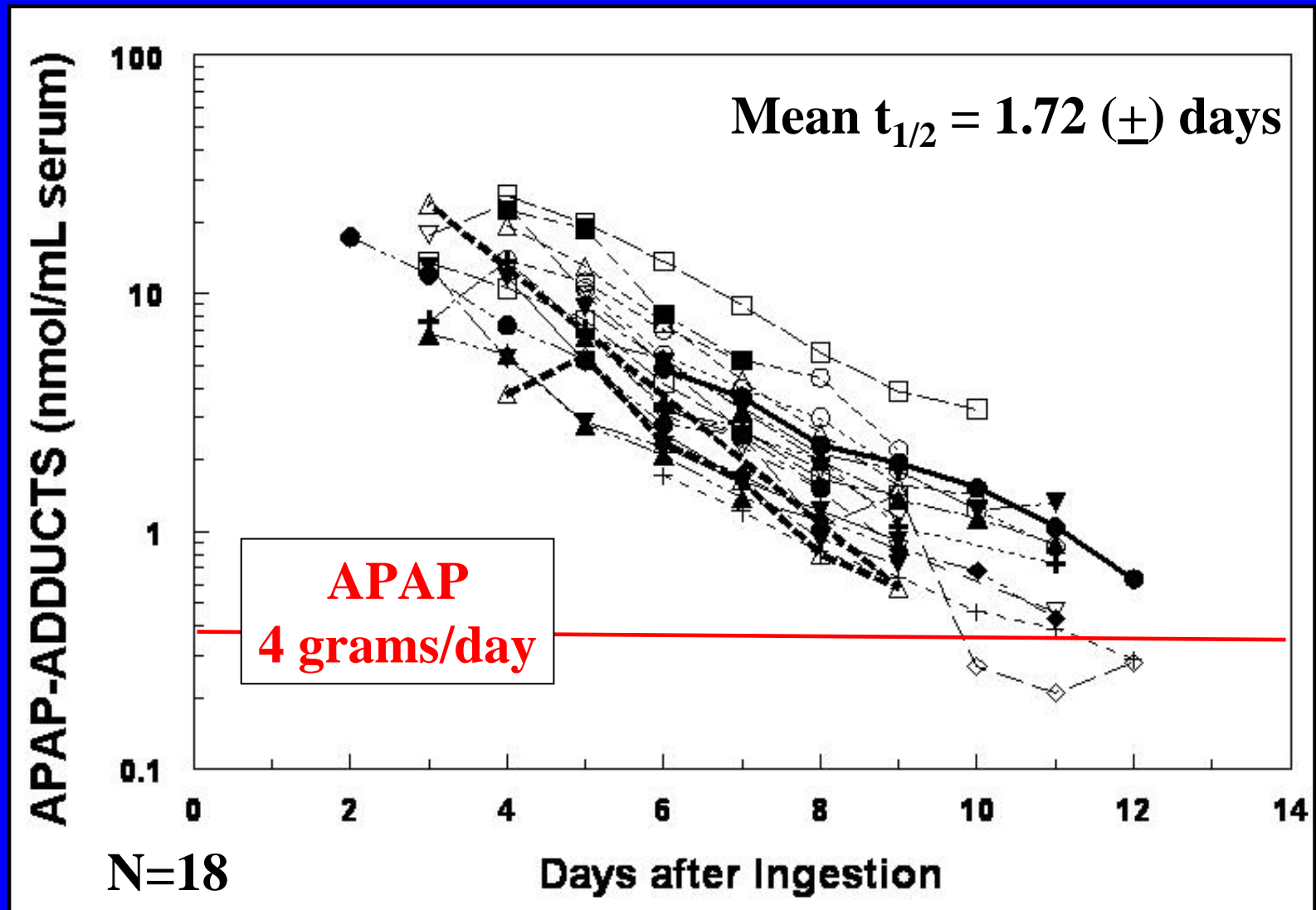
Healthy Adult Volunteers Receiving APAP

- 52 volunteers housed as inpatients for 14 days.
- Received APAP (4 grams daily) over 7 days;
Placebo group
- Patients stratified by change in ALT from baseline:
 - Responders: > 2 fold elevation
 - Non-responders: < 1.5 fold elevation
 - Intermediate responders ≥ 1.5 and ≤ 2 fold elevation

ALT and Adduct Values in Adults Treated with APAP 4 grams/day

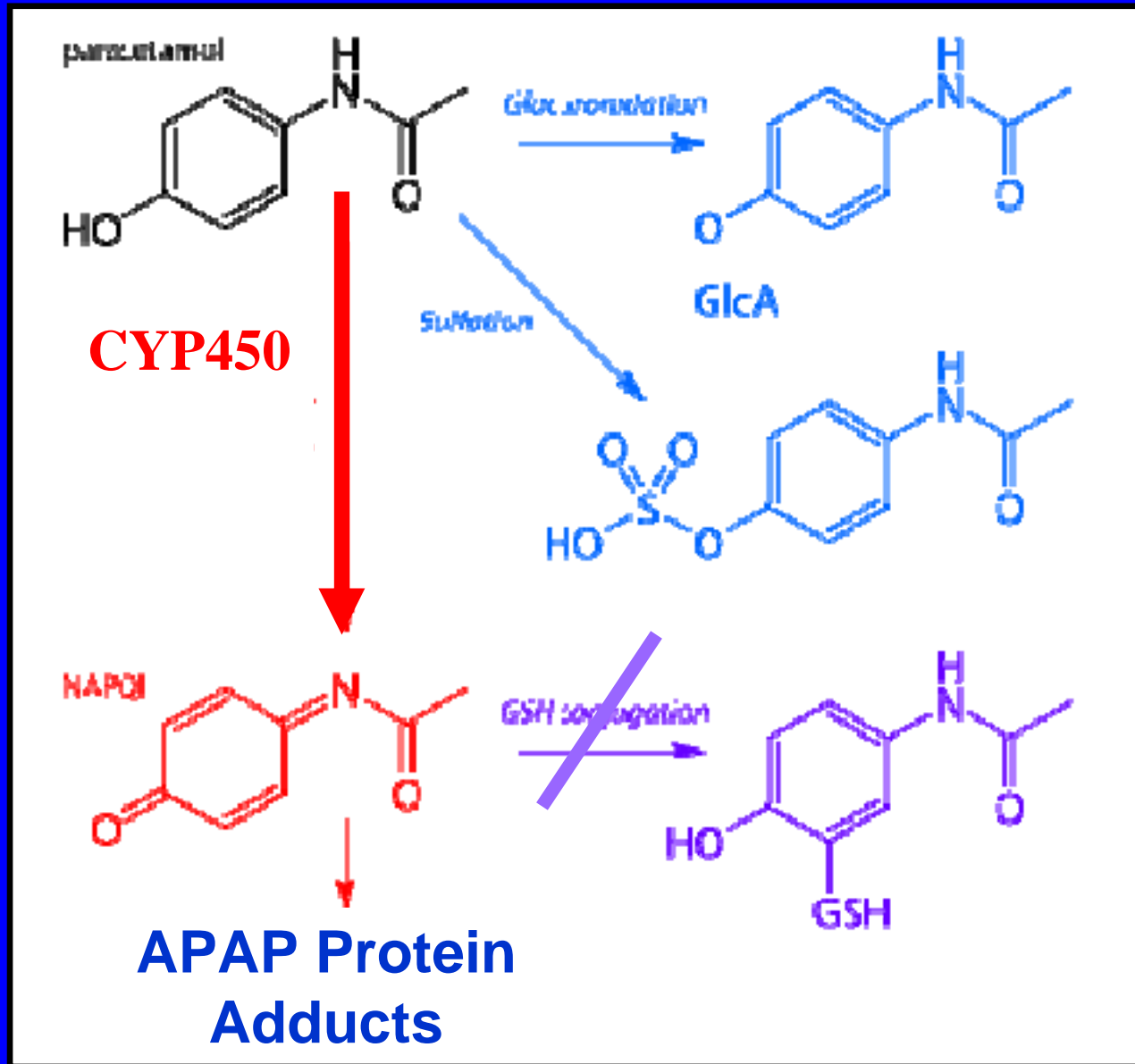


Comparison of Adduct Levels Between Populations



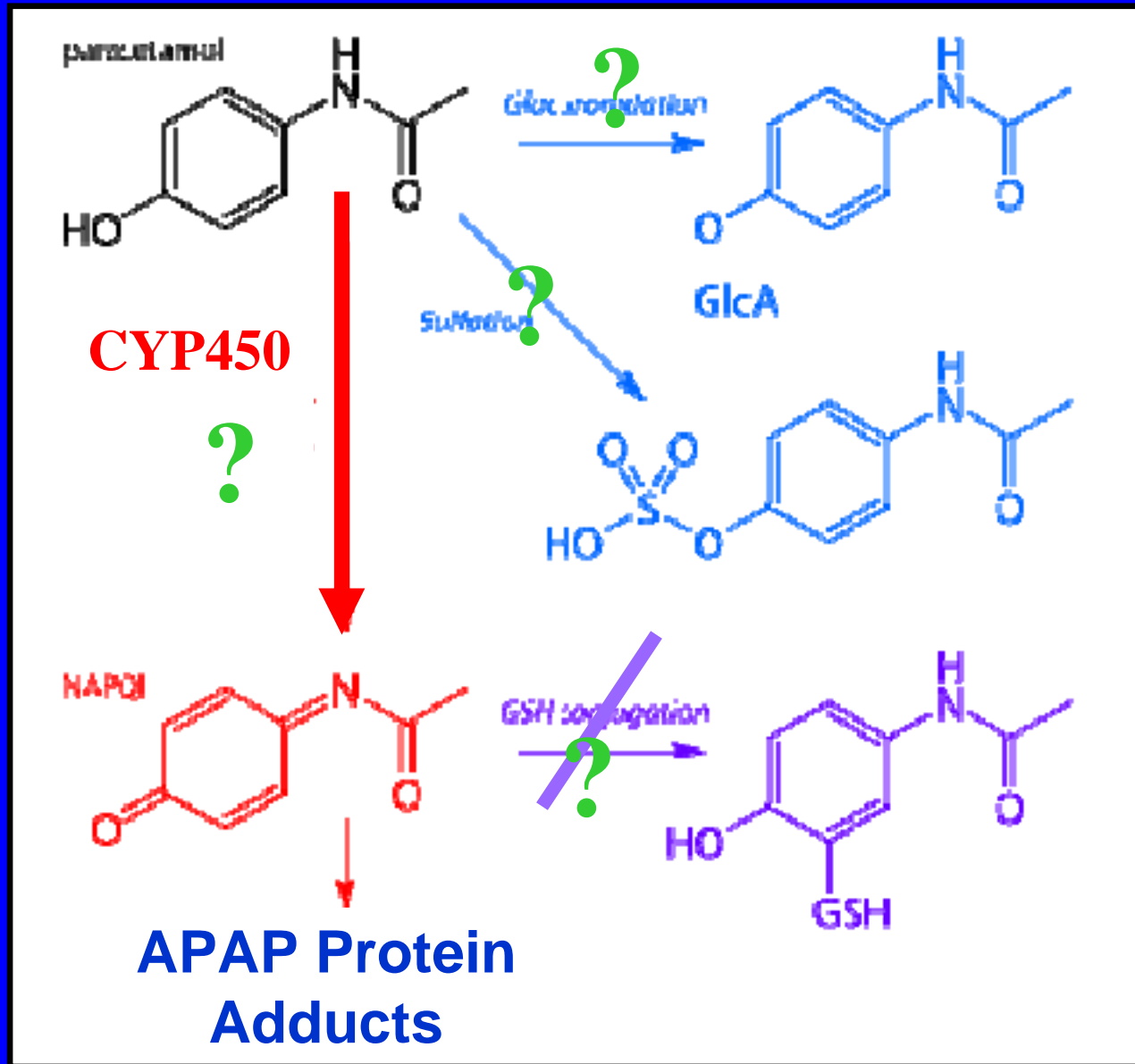
Metabolism in APAP Toxicity

Patient Susceptibility



Metabolism in APAP Toxicity

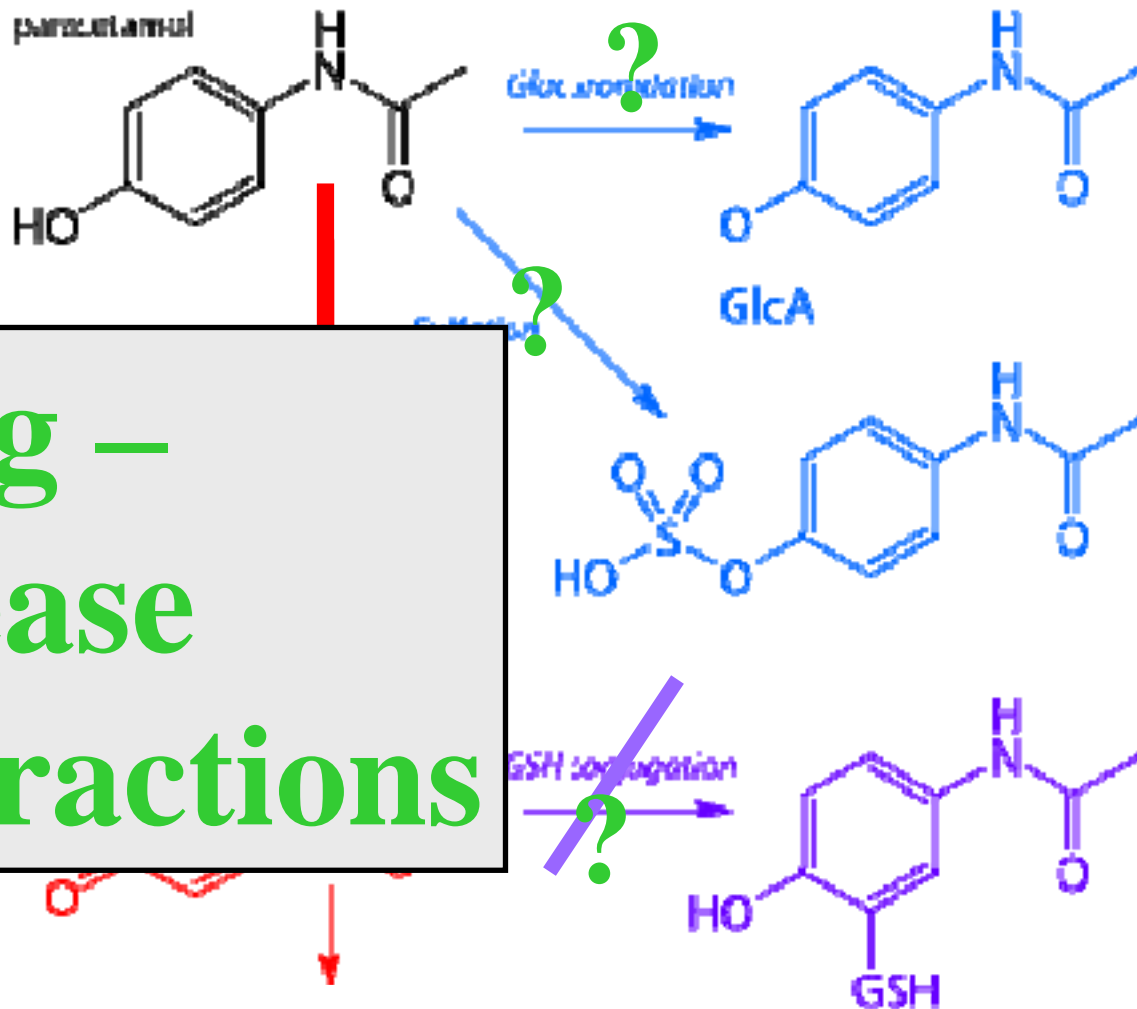
Patient Susceptibility



Metabolism in APAP Toxicity

Patient Susceptibility

Drug –
Disease
Interactions



APAP Protein
Adducts

Conclusions

- The toxicity of APAP is largely influenced by metabolism of the drug
- Acetaminophen protein adducts reflect metabolism of the drug and are a specific biomarker of APAP toxicity in patients
- The clinical significance of low levels of adducts in adults receiving 4 grams per day is unclear
- Proteomic studies in human samples are in progress
- Continued study of patient susceptibility needed (pharmacogenetics/disease/adaptive response)

Acknowledgements

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 - **Kosair Children's Hospital, Louisville, KY**
 - **Rainbow Babies and Children's Hospital, Cleveland, OH**
 - **Texas Children's Hospital, Houston, TX**
 - **Children's Hospital of Michigan, Detroit, MI**
 - **Children's Hospital of Columbus, Columbus, OH**
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